



BOARD OF BARBERING AND COSMETOLOGY
P.O. BOX 944226
SACRAMENTO, CA 94244-2260
INFORMATION: (916) 574-7570 FAX (916) 575-7281
www.barbercosmo.ca.gov



RE-EXAMINATION APPLICATION INSTRUCTIONS

Use the following checklist to ensure all required documents and fees are submitted to the Board.

- ☐ Completed and signed *Re-Examination Application*. Read the instructions, answer all the questions, and sign and date the application.
- ☐ Appropriate fee. See the list of Exam Categories and Fees on the front of the application. This will show the fee for each exam. A separate application is necessary for each examination you wish to take. Include a check or money order made payable to the Board of Barbering and Cosmetology. **Do not send cash.**
- ☐ If you requested the use of an interpreter or interpreter/model, you must complete Forms G and H and include two **identical** 1 1/2" x 1 1/2" signed photographs of the interpreter or interpreter/model.
- ☐ If you answered "YES" to question #11 on the application please attach for each conviction the certified Court documents to your application.

The following instructions will help ensure that your application packet is correct and complete. They will also give you the information you need to know before appearing for your examination.

EXAM CATEGORIES AND FEES: Check the box corresponding to the appropriate examination and include a check or money order payable to the Board of Barbering and Cosmetology for the fee.

1. APPLICANT'S NAME: Fill in your first, middle, and last name (legal name only) as you want them to appear on your license. The name on your application **MUST** match the name on your government-issued photographic identification, or you will not be admitted to sit for the examination. If your name has changed since your last application for examination, you will need to send a Request for Name Change form along with photocopies of current valid government-issued photographic identification (i.e., drivers license, military identification, U.S. Immigration and Naturalization card, etc.) AND the legal documentation of your name change (i.e., marriage certificate, divorce decree, naturalization certification, etc.).

2. MAILING ADDRESS: Please indicate if your address has changed since your last application for examination.

3. SOCIAL SECURITY NUMBER: Fill in your social security number. *Disclosure of your social security number is mandatory.* Business and Professions Code Section 30 and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgement or order of family support in accordance with Section 17520 of the Family Code. If you fail to disclose your SSN, your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

4. BIRTH DATE: Fill in your date of birth.

5. TELEPHONE NUMBER: Fill in your day-time telephone number.

6. LANGUAGE PREFERENCE: Indicate the language in which you would like to take your examination. The cosmetology examination is offered in Spanish and the manicurist examination is offered in Vietnamese.

7. USE OF AN INTERPRETER OR INTERPRETER/MODEL: Indicate if you will be using an interpreter (for the written exam) or an interpreter/model (for both the written and practical exams) and include your native language. Each applicant must have prior written authorization from the Board to use an interpreter or interpreter/model during the examination. To obtain authorization, the applicant must complete Form G (*Request for Use of an Interpreter or Interpreter/Model*). The interpreter or interpreter/model must complete Form H (*Authorization to Use an Interpreter, Interpreter/Model*) and provide two identical 1 1/2" x 1 1/2" photographs, signed on the back by the interpreter or interpreter/model. The Form H and the two identical photographs must be returned to the applicant to file with the application for re-examination.

THE APPLICANT CANNOT CHANGE INTERPRETERS OR INTERPRETER/MODELS UNLESS NEW FORMS (G & H) AND PHOTOGRAPHS ARE RECEIVED AND APPROVED BY THE BOARD at least 15 DAYS PRIOR TO THE APPLICANT'S SCHEDULED EXAMINATION DATE. Please refer to #10 on side 2 of "Instructions for Requesting an Interpreter or Interpreter/Model" (Form 03B-125), to see if you meet the qualifications for use of an interpreter or interpreter/model.

NOTE: You MAY NOT be authorized to use an interpreter or interpreter/model if any of the following apply to you:

- If you are taking the *cosmetology* examination and your native language is *Spanish*, you CANNOT use an interpreter or interpreter/model since the examination is available in Spanish.
- If you are taking the *cosmetology* examination and your native language is *Vietnamese*, you CANNOT use an interpreter/model since the practical examination is available in Vietnamese; however, an interpreter MAY be used for the written part of the examination.
- If you are taking the *manicurist* examination and your native language is *Vietnamese* you CANNOT use an interpreter or interpreter/model since the entire examination is available in Vietnamese. If your native language is *Spanish* you MAY use an interpreter for the written manicurist examination.
- If you are taking the *esthetician* examination and your native language is *Spanish* or *Vietnamese* you CANNOT use an interpreter/model since the practical examination is available in Spanish and Vietnamese. However, an interpreter MAY be used for the written part of the examination.

8. SPECIAL ACCOMMODATIONS: The Board provides reasonable accommodations for applicants with disabilities that may affect their ability to take the required licensing examination. Applicants who need special accommodations should contact the Board by telephone, or in writing to obtain a "*Special Accommodation Request for Examination*" form. This form must be completed by a medical professional and returned to the Board for evaluation. The "*Special Accommodation Request for Examination*" form and any necessary medical documentation must be completed and returned to the Board for approval before an examination date can be scheduled. Forms G & H may be required if the "Reasonable Accommodation" you are requesting includes the use of a reader or signer.

9. EXAMINATION TYPE: Indicate whether you are applying to retake the complete examination, the practical portion or the written portion of your examination.

10. LOCATION PREFERENCE: Indicate whether you wish to take your examination at the Board's Los Angeles or Fairfield examination facility.

11. CRIMINAL CONVICTIONS: This question must be answered each time you apply for an examination. If you have been convicted of a criminal offense or entered a plea of nolo contendere (no contest), for a criminal offense, felony, or misdemeanor, other than for a minor traffic violation *since your last application for examination*, you must provide the following information for each conviction: offense, date of conviction, city, county, and state in which convicted, and the sentence received for each conviction. In addition, you must provide the following certified documents for each offense: 1) Court documents which show final disposition, sanctions, and sentence imposed; and, 2) Certified court documents, if any, that show compliance with sanctions and sentences. Convictions dismissed pursuant to Penal Code 1203.4 must be disclosed. Include an explanation, in your own words, for each conviction listed and any rehabilitation including documentation of completion.

SIGN AND DATE your application (or it will be returned to you). The Board may deny your license if you provide false information on the application.



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RE-EXAMINATION APPLICATION

Examination Categories and Fees (Check only one box)			
<input type="checkbox"/> Cosmetologist - \$50		<input type="checkbox"/> Barber - \$50	
<input type="checkbox"/> Manicurist - \$35		<input type="checkbox"/> Esthetician - \$40 <input type="checkbox"/> Electrologist - \$50	
1. NAME		First	Middle
			Last
2. ADDRESS		City	State
			Zip Code
3. SOCIAL SECURITY NUMBER*		4. BIRTH DATE (MM/DD/YY)	5. TELEPHONE NUMBER
			()
6. EXAM LANGUAGE PREFERENCE:			
<input type="checkbox"/> ENGLISH		<input type="checkbox"/> SPANISH (Cosmetology only)	
		<input type="checkbox"/> VIETNAMESE (Manicuring only)	
7. DO YOU NEED AN INTERPRETER OR INTERPRETER/MODEL?		8. DO YOU OR REQUIRE SPECIAL ACCOMMODATIONS ?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, indicate your native language: _____ <i>Provide information described in the instructions</i>		If YES, <i>provide information described in the instructions</i>	
9. EXAMINATION TYPE		10. EXAM LOCATION PREFERENCE	
<input type="checkbox"/> WRITTEN & PRACTICAL <input type="checkbox"/> WRITTEN ONLY <input type="checkbox"/> PRACTICAL ONLY		<input type="checkbox"/> NORTH (Fairfield) <input type="checkbox"/> SOUTH (Glendale)	
11. Since your last application, have you been convicted of a criminal offense, felony, or misdemeanor (entered a plea of nolo contendere) other than a minor traffic violation? If YES, you MUST provide for EACH conviction: (a) actual crime for which convicted; (b) date of conviction; (c) city/county and state in which convicted; (d) sentence received; (e) court documents for each offense; and, (f) an explanation of the offense. (Attach an additional sheet of paper if more space is required)			
<input type="checkbox"/> NO		<input type="checkbox"/> YES	
_____ _____			
"I declare under penalty of perjury, under the laws of the State of California, that all information contained on this application for licensure and any accompanying documents is true and correct, with full knowledge that all statements made on this form are subject to investigation, and that ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF LICENSE."			
X _____		_____	
Signature of Applicant		Date	
* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER Disclosure of your U.S. Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgement or order of family support in accordance with Section 17520 of the Family Code. If you fail to disclose your SSN, your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.			

PHOTOGRAPHIC IDENTIFICATION REQUIRED FOR ADMITTANCE TO EXAMINATION FACILITY:

For purposes of identification at the examination facilities, all applicants, models, interpreters, and interpreter/models must present a ***current and valid*** government-issued photographic identification card upon entering the examination facility. Government-issued photographic identification cards that may be used include, but are not limited to:

1. Current Driver License - any state
2. State Identification Card - any state
3. U.S. Military Identification
4. Valid Passport – any country (valid foreign passport with valid Record of Arrival/Departure –form I-94 or Processed for I-551 stamped in a valid foreign passport)
5. United States Immigration and Naturalization Issued Identification
6. Certificate of United States Citizenship (must be current and valid.)

Please note that the identification card must be current and valid, and the photograph must be recognizable as the person to whom the identification card was issued.

The information on this application is maintained by the Board of Barbering and Cosmetology, P.O. Box 944226, Sacramento, CA 94244-2260, under the authority granted by the Barbering and Cosmetology Act, Business and Professions Code, Division 3, Chapter 10. You must provide all information requested. Omission of any item of information will result in the application being deficient or incomplete.

Your completed application becomes the property of the Board of Barbering and Cosmetology and will be used by authorized personnel to determine your eligibility for the examination for which you are applying. Information on your application may be transferred to other governmental or law enforcement agencies. You have the right to review your Board-maintained records, unless the records are otherwise exempt from disclosure.